



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH / ALCOHOL PROGRAM

JUN-8 2

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN
66-005081

DATE OF INSPECTION
06/03/2009

LOCATION OF INSTRUMENT (STREET AND CITY)
1700 NORTH US HWY 67 FLORISSANT, MO 63033

TIME OF INSPECTION
0945

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 ± .150) .498

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK

☒ CHARACTER DISPLAY TEST OK

☒ PRINT TEST (PRINTOUT ATTACHED) OK

☒ TIME AND DATE OK

☒ CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	.096	TEST 2	.096	TEST 3	.096
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☒ SIMULATOR TEMPERATURE (34° ± .2°C) OK

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) OK

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	3	0-.04	0	.05-.09	1	.10-.14	0	.15-.19	0	Over .19	3
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSTRUMENT WORKING WITHIN D.O.H. GUIDELINES

REPCO MARKETING LOT 08002 EXPIRES OCTOBER 13, 2010

GUTH SIMULATOR (2100) CALIBRATED BY THE MISSOURI SAFETY CENTER 02-19-2009

INSPECTING OFFICER

SIGNATURE

PRINT NAME

ALOYSIUS A. HAARMANN

TYPE II PERMIT NUMBER/EXPIRATION DATE

820283 09-30-2010

TELEPHONE NUMBER

(314) 831-7000

CERTIFICATE OF ANALYSIS


Random samples of lot number 08002 of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl wt. /vol. ethyl alcohol.

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

When used in a calibrated simulator, operating at 34 c +/- .2 c, this solution will give an alcohol breath test instrument reading of .100 percent BAC +/- 2% or .002 BAC (whichever is greater).

The expiration date for this lot number is October 13, 2010 at 11:59PM.

This document is a true representation of the original Certificate of Analysis.


Cecil B. Garner, President
RepCo Marketing, Inc.

1700 H HWY 67
INTOXILYZER - ALCOHOL ANALYZER
HQ MODEL 5000 SN 66-005081
06/03/2009

DIAGNOSTIC TEST

09:45

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

MAINTENANCE

SUBJECT'S NAME

0945

TIME FIRST OBSERVED

17000 Hwy 67

INSTRUMENT LOCATION

[Signature]

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

EMI inc.

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SH 66-005081
E735.2306/03/2009
09:45

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#abcde

MAINTENANCE

SUBJECT'S NAME

0945

TIME FIRST OBSERVED

1700 N Hwy 67

INSTRUMENT LOCATION

[Signature]

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

EMI_{INC}

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THIS SIDE UP - THIS EDGE IN - FORM NUMBER 015010

1700 N HWY 67
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005081
06/03/2009

TEST	%BAC	TIME
AIR BLANK	.000	09:58
CAL. CHECK	.096	09:59
AIR BLANK	.000	09:59
CAL. CHECK	.096	10:00
AIR BLANK	.000	10:00
CAL. CHECK	.096	10:00
AIR BLANK	.000	10:01

NO RFI PRESENT

MAINTENANCE

0945

TIME FIRST OBSERVED

1700 N. Hwy 67

INSTRUMENT LOCATION

[Signature]

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

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CMI_{INC.}

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010.

SN: 66-005081
E735.23
INVALID TEST
INHIBITED - RFI

06/03/2009
10:02

MAINTENANCE

SUBJECT'S NAME

0945

TIME FIRST OBSERVED

1002 Hwy 67

INSTRUMENT LOCATION

[Signature]

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

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CMI

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



ALOYSIUS ANDREW HAARMANN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/30/08
Number 820283
Expires 09/30/2010

MO 680-0771 (7-88)

John J Mathewson
Director of State Public Health Laboratory
[Signature]
Director, Department of Health

Lab. 4 (R7-88)